

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90445 013 \*\*\*\*61.25

**DOCUMENT # N98000004601**

1. Entity Name

**HERNANDO COUNTY ASSOCIATION OF THE YOUNG AMERICA  
 N BOWLING ALLIANCE, INC.**

Principal Place of Business

Mailing Address

**12348 BARROW ST  
 SPRING HILL FL 34609**

**12348 BARROW ST  
 SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3102478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINNEGAR, SUSAN  
 12348 BARROW ST  
 SPRING HILL FL 34609**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Susan Winnegar*

*Susan Winnegar*

**4-6-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
 NAME **MAY, DAVE**  
 STREET ADDRESS **2109 COACHMAN RD**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **P** ☐ Change ☒ Addition  
 NAME **MAHR ROBERT**  
 STREET ADDRESS **8262 STEWART CT**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VP** ☐ Delete  
 NAME **TINKMAN, JACK**  
 STREET ADDRESS **4498 BLUEWATER AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **WINNEGAR, SUSAN**  
 STREET ADDRESS **12348 BARROW ST**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **MAHR, ROBERT**  
 STREET ADDRESS **5104 LANDOVER**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☐ Change ☒ Addition  
 NAME **CLINT BULLOCK**  
 STREET ADDRESS **2584 RUNNING OAK CT**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☒ Delete  
 NAME **MAY, JANE**  
 STREET ADDRESS **2109 COACHMAN RD**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MAY DAVE**  
 STREET ADDRESS **2109 COACHMAN RD**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☐ Delete  
 NAME **EMMERICH, CINDY**  
 STREET ADDRESS **11332 LINDEN DR**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Susan Winnegar*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02**

Date

**AFTER 5AM  
 (352) 683-6189**

Daytime Phone #

CR2E037 (9/01)